10/31/2012 11:46 Image# 12940746256 PAGE 1 / 2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Pa Used by Parsons (Other than Political Committees) including Qualified Napprefit Corporations

WISCONSIN FAMILY ACTION INC (b) Address (number and street) check if different than previously reported 222 S HAMILTON ST STE 24 (c) City, State and ZIP Code MADISON WI 53703	10 Be Used by Persons (Utner than Political Committees)	including Qualified Nonprofit	Corporations
(b) Address (number and street) check if different than previously reported 222 S HAMILTON ST STE 24 (c) City, State and ZIP Code 3. FEC Identification Number MADISON WI 53703 C C90013947 C C C C90013947 C C C90013947 C C C90013947 C C C C90013947 C C C C90013947 C C C C90013947 C C C C C C C C C C C C C C C C C C	1. (a) Name of Individual, Organization or Corporation WISCONSIN FAMILY ACTION INC		
(c) City, State and ZIP Code MADISON WI 53703 C Corporate filers only Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report AB-Hour Report b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 THROUGH 10 31 2012 THROUGH 10 31 2012 Individual filers only Name of Employer Occupation Occupation AB-Hour Report AB-Hour Report Individual filers only Name of Employer AB-Hour Report AB-Hour Report Individual filers only Name of Employer AB-Hour Report AB-Hour Report THROUGH 10 31 2012 THROUGH 10 31 2012 Individual filers only Name of Employer AB-Hour Report BB-Hour Report AB-Hour Report AB-Hour Report AB-Hour Report BB-Hour Report AB-Hour Report BB-Hour Report AB-Hour Report	WISCONSIN I AWILL ACTION INC		
(c) City, State and ZIP Code MADISON WI 53703 Corporate filers only Is the filer a qualified nonprofit corporation? Name of Employer Occupation A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report 10 30 2012 THROUGH 10 31 2012 G. TOTAL CONTRIBUTIONS	(b) Address (number and street) check if different than pre	eviously reported	
MADISON WI 53703 C Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 5. TOTAL CONTRIBUTIONS 6. TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES 2925.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made in cooperations regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] DATE 10/31/2012	222 S HAMILTON ST STE 24		
Individual filers only Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation Occupation A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report D) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 6. TOTAL CONTRIBUTIONS	(c) City, State and ZIP Code		3. FEC Identification Number
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Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report AB-Hour Report b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM 10 30 2012 THROUGH THROUGH 7. TOTAL INDEPENDENT EXPENDITURES	2. Corporate filers only		C C90013947
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 October 15 Quarterly Report 6. TOTAL CONTRIBUTIONS	Is the filer a qualified nonprofit corpora	ation? X Yes No	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 October 15 Quarterly Report 6. TOTAL CONTRIBUTIONS	Individual filers only Name of Employer		Occupation
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24-Hour Report October 15 Quarterly Report 48-Hour Report			
October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 6. TOTAL CONTRIBUTIONS	☐ July 15 Quarterly Report	X 24-Hour Report	
b) Is this Report an amendment? Yes No S 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 6. TOTAL CONTRIBUTIONS	October 15 Quarterly Report	E Triodi Hopoit	
b) Is this Report an amendment? Yes No S 5. COVERING PERIOD: FROM 10 30 2012 THROUGH 10 31 2012 6. TOTAL CONTRIBUTIONS	January 21 Veey Ford Person	□	
5. COVERING PERIOD: FROM 10 30 2012 THROUGH 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report		
7. TOTAL INDEPENDENT EXPENDITURES	5. COVERING PERIOD: FROM 10 THROUGH	/ Y Y Y Y Y Y J Y J Y J Y J Y J Y J Y J	
7. TOTAL INDEPENDENT EXPENDITURES	6 TOTAL CONTRIBUTIONS		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Judith Brant 10/31/2012	3. TOTAL GONTHIBOTIONS		.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Judith Brant 10/31/2012	7. TOTAL INDEPENDENT EXPENDITURES		2025.00
suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronically Filed] Judith Brant 10/31/2012			2925.00
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Judith Brant Judith Brant 10/31/2012	suggestion of, any candidate or authorized committee or agent of either, or any	political party committee or its agent. In	addition, (if the independent expenditures reported
Judith Brant 10/31/2012	TYPE OR PRINT NAME OF PERSON COMPLETING FORM		
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	Judith Brant	Judith Brant	10/31/2012
	NOTE: Submission of false, erroneous or incomplete information	may subject the person signing this repo	rt to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule 5 (REV. 09/2005) 5PG021

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) WISCONSIN FAMILY ACTION INC					
Full Name (Last, First, Middle Initial) of Payee					
Majority Strategies/Next Wave Communications				Date	Y
Mailing Address 135 Professional Dr				10 30 2012	ш
Suite 104				Amount	
City Ponte Vedra Beach	State FL	Zip Code 32082)	975.00 Transaction ID : F57.000001)
Purpose of Expenditure Candidate guide		Category/ Type	006	Office Sought: House State:	
Name of Federal Candidate Supported or Opp Mitt Romney	posed by Expend	iture:		Check One: Support Oppose	se
Calendar Year-To-Date Per Election for Office Sought		4	.00	Disbursement For: Primary Gener 2012 Other (specify)	al
Full Name (Last, First, Middle Initial) of Payee				Date	
Majority Strategies/Next Wave Communications Mailing Address 425 Professional Dr.	S			10 30 2012	Y
135 Professional Dr Suite 104				Amount	
City	State	Zip Code)	075.00	•
Ponte Vedra Beach	FL	32082		975.00 Transaction ID : F57.000002	
Purpose of Expenditure Candidate guide		Category/ Type	006	Office Sought: House State:	WI
Name of Federal Candidate Supported or Opp Tommy Thompson	posed by Expend	liture:		President District: Check One: X Support Opport	se
Calendar Year-To-Date Per Election for Office Sought		,	.00	Disbursement For: Primary Gener 2012 Other (specify)	al
Full Name (Last, First, Middle Initial) of Payee	;			Date	
Mailing Address 4.55 Perfections	S			10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
135 Professional Dr Suite 104				Amount	
City	State	Zip Code	•	975.00	1
Ponte Vedra Beach	FL	32082		Transaction ID : F57.000003	
Purpose of Expenditure Candidate guide		Category/ Type	006	State.	WI
Name of Federal Candidate Supported or Opp	osed by Evnend			Senate District: President	
Reid Ribble	Josed by Expend	illure.		Check One: Support Oppos	se
Calendar Year-To-Date Per Election for Office Sought		7	.00	Disbursement For: Primary Gener 2012 Other (specify)	al
(a) SUBTOTAL of Itemized Independent Exper	nditures			2925,00	
(b) SUBTOTAL of Unitemized Independent Exp	oenditures			- >	
(c) TOTAL Independent Expenditures(carry total from last page forward to				2925.00)